

INTERBANK GIRO APPLICATION FORM

Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date:	✓ Name of Billing Organisation ("BO"): Far Eastern Kindergarten
✓ To: Name of Bank / Finance Company:	✓ BO's Customer Name: (Child's Name)
✓ Branch:	✓ BO's Customer Reference No: (Child's BC Number)

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
 (b) You are entitled to reject the BO's debit instruction if my/our account do / does not have sufficient funds and charge me/us a fee for so doing. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.
 (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My/Our Name(s):

My/Our Contact Tel/Fax/Mobile Tel:

✓ _____

✓ _____

My/Our Account No:

My/Our Company Stamp/Signature(s)/Thumbprint(s):

✓ _____

✓ _____

(As in Bank/Finance Company's records)

Note: For thumbprints, please go to branch with your identification.

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7 3 7 5	0 1 6	1 1 6 3 0 0 5 9 7 8

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Bank / Finance Company's Completion

To: The Principal
 Far Eastern Kindergarten
 9A Gilstead Road
 Singapore 309063
 Attn: Mrs Ang

This application is hereby REJECTED (please tick) for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's/Finance Co's records
<input type="checkbox"/> Signature/Thumbprint # incomplete/unclear #
<input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Wrong account number
<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Others: _____ |
|---|--|

 Name Of Approving Officer

Please delete where inapplicable

 Authorised Signature

 Date